

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		2				
13		2				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		2				
23		2				
24		2				
25		2				
26		1				
27		1				
28		1				
29		1				
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36		3				
37		3				
38		3				
39		3				
40		1				
41		1				
42		1				
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53		2				
54		2				
55	1					
56		1				
57	1					
58		1				
59	1					
60	1					
61		2				
62		2				
63		1				
64	1					
65	1					
66	1					
67	1					
68	1					
69	1					
70	1					
71		2				
72		2				
73		2				
74		2				
75	1					
76	1					
77	1					
78	1					
79	1					
80	1					
81	1					
82	1					
83	1					
84	1					
85		3				
86		3				
87		3				
88		3				
89		1				
90		1				
91	*	1				
92	1	*				
93	1	1				
94	1	*				
95	*	1				
96		1				
97		1				
98		1				
99		1				
100		22				
TOTAL IND.		22				
TOTAL DEP.		107	107			
TOTAL CLAIMS		129	129			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS